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CLINICAL IMAGE IN GASTROENTEROLOGY

Benign esophageal perforation resolved through the placement of a fully covered self-expandable metal stent[☆]



Perforación esofágica benigna resuelta mediante la colocación de una prótesis metálica autoexpandible totalmente cubierta

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A 46-year-old woman presented with a history of 30-day nonsteroidal anti-inflammatory drug (NSAID) intake and dysphagia of 8-day progression. Her endoscopic study found a long (12 cm) concentric stricture 22 cm from the dentary arcade for which a gradual dilatation up to 15 mm was performed with Savary-Gilliard dilators; the middle third of the esophagus was perforated during the second dilatation session and the lesion measured approximately 10 mm in diameter (fig. 1). A chest computed tomography scan revealed pneumomediastinum and an image consistent with a perforation located at the middle third of the esophagus on the left lateral surface (fig. 2). Antibiotic therapy was begun

and a 20 x 150 mm fully covered self-expandable metal stent (Niti-S Esophageal Covered Stent, TaeWoong Medical, Seoul, Korea) was placed (fig. 3). A water-soluble contrast swallow (CS) was conducted and it showed adequate passage of

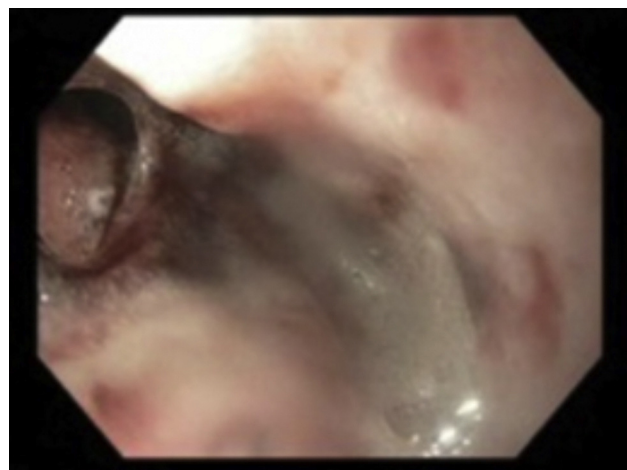


Figure 1 Esophageal perforation.

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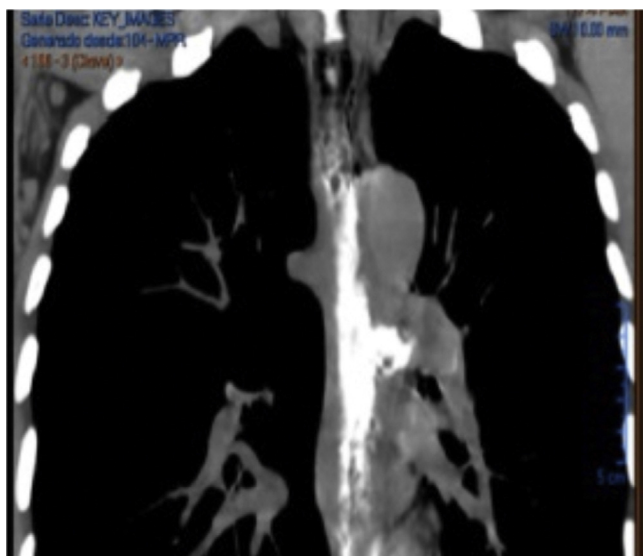


Figure 2 The chest computed tomography scan with contrast medium showing pneumomediastinum and contrast material leakage at the left lateral surface of the esophagus.



Figure 3 The fully covered esophageal metal stent occluding the entire perforation.

the contrast medium through the stent with no evidence of leakage (fig. 4). Oral intake was restarted on the fifth day, the stent was removed 28 days later, and no solution of continuity was found in the esophagus.



Figure 4 The water-soluble contrast swallow (CS) study in which no leak into the mediastinum is observed.

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Conflict of interest

The authors declare that there is no conflict of interest.